

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

Senate Majority Fund

ADDRESS (number and street)

P.O. Box 32025



(Check if address is changed)

Phoenix

AZ

85064

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ashleymragan@cox.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6028401970

2. DATE

M M  
0 1/ D D  
2 3/ Y Y Y Y  
2 0 0 8

3. FEC IDENTIFICATION NUMBER

C C00368431

4. IS THIS STATEMENT
- ☐
- NEW (N) OR
- ☒
- AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mrs. Ashley Ragan

Signature of Treasurer Electronically Filed by Mrs. Ashley Ragan

Date

M M  
0 1/ D D  
2 3/ Y Y Y Y  
2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only**For further information contact:**  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

None

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

**Senate Majority Fund**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mrs. Ashley Ragan**

Mailing Address **307 East Royal Palm**

**Phoenix** **AZ** **85020** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** **602** **943** **7128**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mrs. Ashley Ragan**

Mailing Address **307 East Royal Palm**

**Phoenix** **AZ** **85020** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** **602** **943** **7128**

Telephone number - -

Full Name of Designated Agent **Mr. Todd Baughmann**

Mailing Address **PO Box 32025**

**Phoenix** **AZ** **85064** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Assistant Treasurer**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Camelback Community Bank

Mailing Address

2777 E. Camelback Rd., Ste. 100

Phoenix

AZ

85253

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲